United States District Court

for the

Western District of Virginia

Anthony Smith	
Plaintiff V. Centra Health, Inc., et. al.) (Civil Action No.6:23CV00030
Defendant)

SUMMONS IN A CIVIL ACTION

Centra Health, Inc.
To: (Defendant's name and address)_C/o Alison Ferguson Gobble, Registered Agent
1901 Tate Springs Road
Lynchburg, VA 24501

A lawsuit has been filed against you.

August 3, 2023

Date:

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — or 120 days for Social Security Cases filed pursuant to 42 USC 405(g) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

M. Paul Valois, Esq. James River Legal Associates 7601 Timberlake Rd. Lynchburg, VA 24502

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

LAURA A. AUSTIN, CLERK OF COURT

s/A

s/ Arlene Little Deputy Clerk AO 440 (Rev. 06/12) (02/17 WD/VA) Summons in a Civil Action (Page 2)

Civil Action No. 6:23CV00030

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

	This summons for (name	e of individual and title, i	f any)						
was re	ceived by me on (date)								
	☐ I personally served t	the summons on the	individual at (place)						
				on (date)		; or			
	☐ I left the summons a	t the individual's res	idence or usual pla	ce of abode wi	th (name)				
	, a person of suitable age and discretion who resides there,								
	on (date), and mailed a copy to the individual's last known address; or, I served the summons on (name of individual), who is designated by law to accept service of process on behalf of (name of organization)								
				on (date)		; or			
	☐ I returned the summ	ons unexecuted beca	use				; or		
	Other (specify):								
	(1 00)								
	My fees are \$	fees are \$ for travel and \$		for services, for a total of \$		0.00			
		C : 1 (1):	C						
	I declare under penalty	of perjury that this if	nformation is true.						
Date:		_							
			Server's signature						
			Printed name and title						
		-		<i>a</i> .	11				
Additi	onal information regarding	ng attempted service.	etc:	Server's d	uaaress				